

# LETTERS

to the Editor

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## BE AWARE: DUPILUMAB USE

Dear Editor:

Dupilumab, a monoclonal antibody that attaches to the alpha subunit of interleukin (IL) 4 receptor and blocks IL-4 and IL-13 signal transduction, was approved for the treatment of atopic dermatitis in 2017. Results have been favorable, and interest in using it for related entities exists. Although not indicated for the treatment of asthma, there are studies using dupilumab with positive results.<sup>1,2</sup> However, a problem lies in the information in patient literature that states a patient should tell the physician that he or she has asthma.<sup>3</sup> This might imply to patients, health practitioners, or other individuals that dupilumab should not be used in patients who have asthma. It suggests caution and is misleading and provocative, putting second thoughts into the minds of these individuals about its use. At this time, asthma is not a contraindication; in fact, initial studies have shown positive effects of dupilumab upon asthma.<sup>1,2</sup>

**Case report.** A 56-year-old violinist with long-standing asthma treated with prednisone and inhalers developed an exacerbating and remitting erythematous, pruritic, scaly, lichenified eruption on the arms, thighs, neck, and periorbital areas four years ago. Topical corticosteroid and antihistamine therapies provided some relief but little control. An allergist suggested he use nonallergic rosin on his bow, although this makes little sense as he plays in an orchestra, and, even if this was a contributory factor, it would not truly eliminate his exposure.

The use of dupilumab was discussed; however, after reading the patient material, the patient was reluctant to use it. It took considerable coaxing and references to published studies about the use of dupilumab in asthma and atopy for him to try the new therapy. Dupilumab was initiated in this patient at 300mg and followed by 150mg every other week for maintenance. At Week 10, he was completely clear and without recurrence of skin or asthmatic symptoms.

**Discussion.** Practitioners should be aware of this potential problem and search the literature to substantiate appropriate usage of dupilumab. Such would be potentially helpful to patients, especially since asthma and atopic dermatitis have a high incidence correlation and the use of this new entity might be beneficial to both.

## REFERENCES

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With regards,

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